



## PART B - FEE(S) TRANSMITTAL

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26119 7590 06/15/2007

KLARQUIST SPARKMAN LLP  
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SUITE 1600  
PORTLAND, OR 97204

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07/19/2007 HDEMESS2 00000129 10783124

01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP

Stephen A. Wight (Depositor's name)  
*[Signature]* (Signature)  
July 17, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/783,124	02/19/2004	Bjarne Steensgaard	3382-66932	1217

TITLE OF INVENTION: REGION-BASED MEMORY MANAGEMENT FOR OBJECT-ORIENTED PROGRAMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	09/17/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LU, KUEN S	2167	707-103000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. KLARQUIST SPARKMAN, LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Microsoft Corporation

Redmond, WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ The Director is hereby authorized to charge any additional overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Stephen A. Wight

Date July 17, 2007

Typed or printed name

Registration No. 37,759

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